

BREGAMOS COMMUNITY THEATER

YOUTH THEATER PROGRAM

Application Deadline August 1 | Submit completed Applications
by mail to Bregamos Community Theater 315 Peck St New Haven, CT 06513
or email to bregamostheater.org

PERSONAL INFORMATION

First Name

MI

Last Name

Address

City

State

Zip

Home Phone

Cell Phone

Email

Age

Birthdate

Ethnicity

EMERGENCY CONTACT

First Name

Last Name

Relationship

Address

City

State

Zip

Home Phone

Cell Phone

PHOTOGRAPHY & VIDEO PERMISSION

Occasionally the theater sessions may be filmed or photographed for monitoring and general press and publicity purposes, including use on our websites and in reports

I give permission for my child to be filmed and photographed.

Signature of Parent/Carer:

Print your name:

if you do not give permission do not sign this section

PLEASE STATE WHY YOU WOULD WANT TO BE A PART OF THIS GROUP

Signature

Parent Signature
if under 18